

CONTINUATION OF BENEFITS COVERAGE

Employee Name		Employee Number	
Department		Bureau or Division	
<input type="checkbox"/> Termination Termination Reason: Effective Date:		<input type="checkbox"/> Unpaid Leave of Absence Type of Leave: Begin Date: End Date:	
Address where you can be reached		Daytime Telephone () -	

RULES & PROCEDURES (see other side)

LIFE INSURANCE - 31 Days Notification Period	
<input type="checkbox"/> Continue Coverage	<input type="checkbox"/> Do Not Continue Coverage
HEALTH INSURANCE - 60 Days Notification Period	
<input type="checkbox"/> Continue Coverage	<input type="checkbox"/> Do Not Continue Coverage
DENTAL INSURANCE - 60 Days Notification Period	
<input type="checkbox"/> Continue Coverage	<input type="checkbox"/> Do Not Continue Coverage

Employee Signature	Date
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Return this completed form to your Personnel Office

- | | | |
|--|---|---|
| <input type="checkbox"/> Life Insurance Copy | <input type="checkbox"/> Health & Dental Copy | <input type="checkbox"/> Human Resources Copy (Submit with HRP) |
| <input type="checkbox"/> Departmental Personnel Copy | <input type="checkbox"/> Employee Copy | |

RULES & PROCEDURES (see other side)

After you separate from service or begin a leave of absence, State and Federal law allows you to elect the continuation of certain benefit plans which you now have. **IT IS IMPORTANT TO NOTE THAT YOU HAVE A SPECIFIC NUMBER OF DAYS FROM YOUR TERMINATION DATE OR THE BEGINNING OF YOUR LEAVE OF ABSENCE TO NOTIFY THE PLAN ADMINISTRATOR(S) WHETHER OR NOT YOU WISH TO CONTINUE YOUR BENEFIT COVERAGE.**

IF YOU ELECT TO CONTINUE:

Check _____ the _____ Continue
form will be sent to the Plan Administrator(s) for which you have elected continuation of coverage; and subsequently you will be notified directly by mail of your eligibility, your benefit amount, its duration, and your costs for continuing this coverage.

IF YOU ELECT NOT TO CONTINUE:

Check the Do Not Continue Coverage box in each of the areas for which you are declining continuation of coverage.

If you elect not to continue coverage at this time, you will not receive further notification from your Plan Administrator(s); and if you change your mind within the Notification Period of your intent to participate, it is your sole responsibility to notify the Plan Administrator(s) or you forfeit that right.

RULES & PROCEDURES (see other side)

CONTINUATION OF STATE GROUP LIFE INSURANCE
For a State Employee on a Leave of Absence or Seasonal Layoff

If a participant in the State Group Life Insurance Program is on a leave of absence or seasonal layoff and wishes to continue State Group Life Insurance coverage, premiums must be paid for the period in which the participant is off the payroll. A 31 day lapse in premiums will terminate State Group Life Insurance coverage. While on leave or seasonal layoff, premiums for employer-paid (State of Maine) Basic coverage must be paid as well as any deductions for the additional Supplemental and/or Dependent coverage while the participant is off the payroll. If coverage is not continuous, it will be necessary to pass a physical examination prior to beginning or reinstating Supplemental Coverage.

CONVERSION OF STATE GROUP LIFE INSURANCE
For a State Employee Who Terminates Employment

Coverage on any participant or dependent will cease at the end of the last period for which premiums for that participant _____ or _____ dependent
if a terminated participant wishes to continue coverage, he must convert this coverage with UNUM Life Insurance Company. Conversion will be allowed if application is made and the first premium paid within 31 days after the insurance coverage has terminated. Coverage will be converted to a private policy.

If you have any questions concerning State Group Life Insurance, contact the Maine State Retirement System at 287-3461 or 1-800-451-9800.